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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR

Attorney Docket Number VTN-575

First Named Inventor Hofmann et al.

COMPLETE IF KNOWN

Application Number 10/056,773

Filing Date January 24, 2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SHAPE MEMORY POLYMER OR ALLOY OPHTHALMIC LENS MOLD AND METHODS FOR FORMING OPHTHALMIC PRODUCTS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/24/02 as United States Application Number or PCT International Application Number 10/056,773 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

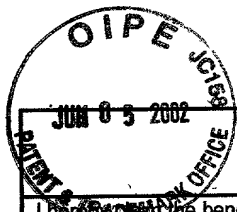
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

1005673-060502



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

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AND

☐ Practitioner(s) named below:
Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

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City:

State:

ZIP

Country

Telephone:

Fax:

2005090-EE225001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Gregory J.

Family Name
or Surname Hofmann

Inventor's
Signature

Date

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

Mailing Address 3521 Bay Island Circle

City Jacksonville

State Florida

ZIP 32250

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Kenneth W.

Family Name
or Surname Foley

Inventor's
Signature

Date

Residence: City Fruit Cove

State Florida

Country USA

Citizenship USA

Mailing Address 1501 Shaker Cove Court

City Fruit Cove

State Florida

ZIP 32259

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Thomas R.

Family Name
or Surname Rooney

Inventor's
Signature

Date

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

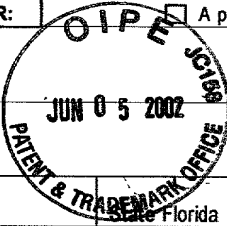
Mailing Address 8664 Reedy Branch Drive

City Jacksonville

State Florida

ZIP 32256

Country USA



20567 E 06030



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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Patrick J.		Family Name or Surname Hood	
Inventor's Signature <i>Patrick J. Hood</i>		Date <i>May 10 2002</i>	
Residence: City Bellbrook	State Ohio	Country USA	Citizenship USA
Mailing Address 2659 Washington Mill Road			
City Bellbrook	State Ohio	ZIP 45305	Country USA

1005673-06002

Please type a plus sign (+) inside this box ☐

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OR

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

1005673 "060302"



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 →	Place Customer Number Bar Code Label Here
AND	
<input type="checkbox"/> Practitioner(s) named below: Name _____	Registration Number _____

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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ZIP

Country

Telephone:

Fax:

105567-06502

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Gregory J.

Family Name
or Surname Hofmann

Inventor's
Signature

Date

8 May 02

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

Mailing Address 3521 Bay Island Circle

City Jacksonville

State Florida

ZIP 32250

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Kenneth W.

Family Name
or Surname Foley

Inventor's
Signature

Date

05-08-02

Residence: City Fruit Cove

State Florida

Country USA

Citizenship USA

Mailing Address 1501 Shaker Cove Court

City Fruit Cove

State Florida

ZIP 32259

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Thomas R.

Family Name
or Surname Rooney

Inventor's
Signature

Date

5/8/02

Residence: City Jacksonville

State Florida

Country USA

Citizenship USA

Mailing Address 8664 Reedy Branch Drive

City Jacksonville

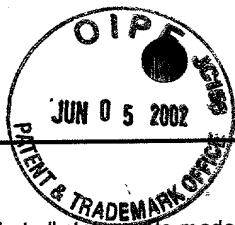
State Florida

ZIP 32256

Country USA



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Inventor's Signature		Date	
Residence: City Bellbrook	State Ohio	Country USA	Citizenship USA
Mailing Address 2659 Washington Mill Road			
City Bellbrook	State Ohio	ZIP 45305	Country USA

205673-0502